INSTRUCTIONS: Separate and destroy this portion at the end of the fiscal year no later than November 1.			UNITED STATES DEPRTMENT OF AGRICULTURE Agricultural Marketing Service				1.	1. PAGE OF				
			LOG OF OCCUPATIONAL INJURIES AND ILLNESSES									
			2. NAME OF AMS ESTABLISHMENT 3. ADDRESS OF AMS ESTABLISHMENT (Include ZIP)									
	DATE OF		 	LOCATION		INJURIES			ILLNESSES/DISEASES			
FILE NO.	INJURY OR ONSET OF ILLNESS	NAME OF EMPLOYEE	OCCUPATION	WHERE EVENT OCCURRED (i.e., bldg., loading dock)	DESCRIPTION OF INJURY/ILLNESS AND BODY PART AFFECTED	Fatal Cases	Lost Time Cases	No Lost Time Cases	Fatal Cases	Lost Time Cases	No Lost Time Cases	FIRST AID CASES
(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
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